



Atty. Dkt. No. 086554-1056

Handwritten initials and a dollar sign.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Radmond ARCETA et al.

Title: MEDICAL CART, MEDICATION MODULE, HEIGHT ADJUSTMENT
MECHANISM, AND METHOD OF MEDICATION TRANSPORT

Appl. No.: 10/783,030

Filing Date: 02/23/2004

Examiner: Frank B. Vanaman

Art Unit: 3618

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	38	-	20	=	18	x	\$50.00	=	\$900.00
Independent Claims:	8	-	4	=	4	x	\$200.00	=	\$800.00
First presentation of any Multiple Dependent Claims:						+	\$360.00	=	\$0.00
CLAIMS FEE TOTAL									\$1700.00

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1700.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$1700.00

Enclosures:

- ☒ Information Disclosure Statement and Form PTO/SB/08.
- ☒ A check in the amount of \$1700.00.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Apr. 13, 2005

By 

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Andrew E. Rawlins
 Attorney for Applicant
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